CDC Information Council
Meeting Minutes
September 26, 2002, 3:00p.m.-5:00p.m.
Executive Park 35, Room 3500

CDC Information Council met on September 26, 2002, Executive Park 35, Room 3500, at 3:00p.m. Janet Collins and John Loonsk co-chaired the meeting.

The following people were introduced at this meeting.

- Sergei Lei – Computer Sciences Corporation
- Lynda Doll- NCIPC

Updates:

Agenda Items- John Loonsk

Agenda items, which are of particular interest to Public Health partners, will be presented at the beginning of the meeting.

Enterprise IT Performance Element- Janet Collins (Jim Seligman)

Jim Seligman received feedback form nine CIO's on the Enterprise IT Performance Element. He is reviewing the comments and will discuss reactions and next steps at the October CIC meeting.

Agenda Item #1: Process for Technical Standards, Data Standards and CDC Program Review - John Loonsk

John Loonsk described the processes for Technical Standards, Data Standards and CDC IT Initiatives and Systems Review. A text description and straw-man flow diagrams were provided.

At two previous CIC meetings, draft processes for external technical standards development and management, enterprise data model (and vocabulary) development and management, and IT initiatives and systems review were presented and discussed. Input from the CIC has refined these suggested processes and additional specificity for how the working groups will function has been developed.

In order move ahead quickly with the promised review and evolution of the Public Health Functions and Specifications, the following action items were proposed.

1) The immediate formation of CIC working groups in:
   External Technical Standards
   Enterprise Data Model (and Vocabulary)
   IT Initiatives and Systems Review

2) Working groups #1 and #2 will each consist of three ASTHO, NACCHO and CDC representatives that represent different roles and responsibilities in those agencies (e.g. program, technical, scientific). The working groups will have one partner and one CDC co-chair and will be staffed by CDC personnel.

3) As indicated in the "straw man process" slides, the working groups are intended to review and give guidance to products produced by the contracted or staffed data modeling and technical staff and to offer recommendations on proposed work. For practical reasons they will "convene" virtually as much as possible to allow equal access to physically distributed participants.

4) To facilitate the rapid review of the Public Health Information Network Functions and Specifications (Version 1.0), an independent technical contractor will be engaged to perform a technical review based on submitted questions and comments. The contractor will interview public health professionals at all levels (local, state and federal), address the questions that we have received on the technical standards and provide a report to the External Technical Standards working group (identified above). The working group will also guide the statement of work and process steps for the contracted activities.

5) The IT Initiatives and Systems Review WG will be formed in a manner similar to previous CIC working groups but to include partners as appropriate. A proposed membership for this group will be provided for CIC review when the group has been approved.

Questions and comments:

Q: Is there a timeframe identified for the review?
A: The concept is to engage a contractor as soon as possible. The contractor will report to the working group.

Q: What is the process for populating the Technical Standards group?
A: There would be three representatives from NACHO, three from ASTHO and three from CDC. The partner organizations will be asked to provide the names of representatives from their organization to participate.

Q: Is it possible to create guidelines or models rather than a complex process for determining technical standards? We need clarity and official support from IRMO and CIC to allow an easier sell and to promote legitimacy with the program folks.
A: For the IT system review activity and process, there is a need to have clearly articulated thresholds for self-review. These would be preliminary articulated thresholds such as those for the security plans and cost investment relative to 300B's. There is a piece, which needs to include self -assessments against thresholds to determine whether one needs to engage the process. There is a need for an enterprise–wide process for setting technical and data standards.

Relative to technical standards and data standards, the suggestion was made that there needs to be analogous considerations and clear articulation of these thresholds to engage these processes.

Q: How will the data models be consolidated in the area of environmental health tracking?

John Loonsk feels that there should be a statement of work for a contract. He elaborated that the process would include: 1) scoping out common data needs, 2) implementation of a data model in the area of Environmental Health Tracking which would be advanced to the CIC and 3) recommendations that would come to CIC for approval.

Action Item: The CDC Information Council accepted the suggested processes for External Technical Standards, Data Model (and Vocabulary) and CDC Program Review. Suggested next steps include the following:

- **CIC members will make recommendations for the IT Initiatives and Systems Review working group, which will include partners as appropriate.**
- **CDC will make recommendations for the External Technical Standards and Enterprise Data Model (and Vocabulary) working group.**
- **The previously submitted questions and comments on External Technical Data standards will be refreshed and guide the review.**
- **Development of a statement of work for the contractor who will facilitate the rapid review of the Public Health Information Network Functions and Specifications.**

Any comments should be submitted to the Executive Secretariat, Laura Conn.

A letter will be drafted by the CIC co-chairs describing the need for public health partners to participate on the working groups. The letter will be sent to NACHO and ASTHO (ASTHO will forward to APHL and CSTE).

Agenda Item #2: NEDSS Base System-Claire Broome and Sergei Lei (CSC)
The Public Health Information Network (PHIN) represents overarching standards for interoperable systems. Those standards incorporate the NEDSS standards. NEDSS represents the surveillance functionality with some investigation focused disease surveillance but it is also a specific implementation of elements of the PHIN such as the approach to standard messaging. NEDSS is a person- based system.

In the security area, it is possible to customize who is authorized to see the information. Authorizations can be made for program area and geographic area. For example, rights can be given to view only, or to add, edit and delete.

Claire Broome introduced Sergei Lei who demonstrated the NEDSS Base System. Claire explained that the states asked for an implementation designed to be operational at a state level. Claire also indicated that the NEDSS Base System (NBS) is a specific implementation of NEDSS. The NBS facilitates public health surveillance through the transfer and processing of appropriate pubic health, laboratory and clinical data efficiently and securely

over the Internet. The NEDSS base system imports electronic sources of information to initiate integrated on-line public-health investigations and notify appropriate partners of important events electronically. Release 1 is set for fall of 2002.

Using the NEDSS Base System, a user can perform the following public health surveillance and investigation functions:

- View all the information contained in the system on a person by viewing the person's file
- Work with Lab and morbidity report (observations):

  Receive lab reports electronically

  Add, edit, view, and delete observations

  Use an observation to initiate an investigation

  Transfer ownership of an observation to another jurisdiction or program area
- Manage Vaccination records:

  Add, edit, view, and delete vaccination records

  Manage vaccination records by linking them with investigations
- Conduct Investigations:

  Conduct, edit, and view investigations (see section below for diseases included in Release 1)

  Transfer ownership of an investigation to another jurisdiction
- Prepare reports using system data (Standard and Custom)
- Manage system security:

  Add, edit and view access permission sets

  Add, edit and view users
- Monitor Electronic Lab Reporting (ELR) activity
- Notifications:

  Create notifications

  Review notifications for approval

  Submit notifications to the state and/or the CDC

Comments:
Information included in the development of (NBS) was acquired from partners and requirements gathering sessions.

It would be advantageous to include a source in the natural history. For example, one might include the restaurant or daycare facility associated with a patient or outbreak.

Some discussion centered on the authorization of guest users and it was suggested that an expiration date be included for all guest users.

Claire Broome asked CIC members for feedback on how to get the demos out.

Q: "After you deploy the first version and have populated the data, how will you handle changing to another version?" Claire explained that this is a work in progress and presently comments for Version 1.1 are being collected. A NEDSS change control process has been developed and those comments are being reviewed.

Joseph Reid explained how data is going to be moved. He indicated that there are three aspects to the movement.

- Each time the upgrades occur within the NEDSS model, the appropriate mechanisms for transferring the data will be developed. This is dependent on how much difference is between the old and the new system.
- A substantially more complicated issue is migrating the data from the legacy systems into the NEDSS system. Some experience has been acquired in this area from production of test data with NETS data. A working group has been formed to discuss in more detail data migration.
- The tools required for the migration from other non-NEDSS platforms relative to the tools required for upgrading the NEDSS platforms is much more complicated.
- There is also a substantial problem with respect to date management between legacy and the base system. The base system deals with time in Grenache mean time, which is being dealt with.

Agenda Item #3: Standards Development Organization and Technical Committee Participation plan for CDC –Steve Steindel

Steve Steindel presented the proposed operation of the Standards Development Organization and Technical Committee Participation plan for CDC. The implementation solutions include:

- SDO/TC Function will provide support for:

–Activity management
–Agency representation to some groups
–Agenda setting for CDC at SDO and Technical Committees - process and documentation
–Reporting to CDC in general – process and documentation
–Reporting to CIC External Technical Standards and CIC Enterprise Data Model (and Vocabulary) working groups

- Agenda Setting Process

–As appropriate, meetings for SDO/TC representatives
–Documentation and maintenance of Intranet site with SDO/TC agendas
–Broader, electronic comment capability (discussion and comment board)
–Periodic presentation to CIC External Technical Standards and CIC Enterprise Data Model (and Vocabulary) working groups

- Process for Reporting Back to CDC

–As appropriate, meetings for SDO/TC representatives
–Documentation and maintenance of Intranet site with meeting reports and minutes as appropriate
–Procedures for handling paper documents
–SDO/TC library

–Periodic presentation to CIC External Technical Standards and CIC Enterprise Data Model (and Vocabulary) working groups

Steve described the proposed CDC representation for HLA, SNOMED, LOINC, NCVHS, PHDSC, CHI, ANSI-HISB and asked for volunteer suggestions for representatives in the following areas where CDC has coordinated activities:

- X12
- ASTM A-31
- CPT
- NCQA
- DICOM
- IEEE
- NCVHS, populations subcommittee and liaison (lead)
- Newbies, NAHIT

Questions and Comments:
Q: What is the process for designating the SDO representatives?
A: This is only a presentation of a proposed plan and that process has not been identified.

Q: Is the CIC is one of those points where information would come back to for review? Claire Broome responded that there is a heavy staffing function, which is difficult to staff with just volunteers. She indicated that the policy issues would come to CIC but getting out information extends beyond CIC.

John Loonsk indicated that there would be a plan developed for promulgation of the standards. He suggests that there be a place for discussion such as a web board.

Charlie Rothwell volunteered to help with NCVHS.

Marjorie Greenberg offered help with X-12.

Action Item:
CIC members should submit the names of volunteers for the SDO coordinated activities to Steve Steindel and Laura Conn.

Attendees:
Members/Alternates:
Andrew Autry (NCBDDD)
Claire Broome (OD)
Terry Boyd (NIP)
Janet Collins (NCCDPHP)
Ed Dacey (NIOSH)
Linda Doll (NCIPC)
David Fleming (OD)
Jeanne Gilliland (NCCDPHP)
Nabil Issa (NCEH)

Debbie Jones (PHPPO)
John Loonsk (IRMO)
Dale Nordenberg (NCID)
Bob Pinner (NCID)
Charlie Rothwell (NCHS)
Dan Sosin (EPO)

Partners:
Jac Davies (CSTE)
Seth Foldy (NACCHO)
Steve Hinrichs (APHL)
Mike Moser (ASTHO)
Gianfranco Pezzino (CSTE)

Others:
Marty Baum (NCEH)
Sergei Lei (CSC)
Charlie Magruder (PHPPO)
Barbara Nichols (IRMO)
Marile Prosser (IRMO/CTOC rep)
Joseph Reid (IRMO)
Howard Smith (NCIPC)
Steve Steindel (IRMO)
John Teeter (IRMO)